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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745734

1. Corporation Name

NOVA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3475 HIATUS RD
3RD FLOOR
SUNRISE FL 33351
US

3475 HIATUS RD
3RD FLOOR
SUNRISE FL 33351
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 A & M PROPERTY MGT INC		26 A & M PROPERTY MGT		01/26/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 3475 N. Hiatus Road		27 3475 N. Hiatus Road		59-1999646	
City & State		City & State		Applied For	
23 Sunrise FL		28 Sunrise, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33351 25 USA		29 33351 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOLM H WALDRON, III
C/O A&M PROPERTY MGT
3475 HIATUS RD
SUNRISE FL 33351

81 Name	A & M PROPERTY MANAGEMENT, INC.	
82 Street Address (P.O. Box Number is Not Acceptable)	3475 North Hiatus Road	
83		
84 City	Sunrise	85 Zip Code 33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 3/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARVISH, BONNIE	1.2 NAME	Mildred Kearns
STREET ADDRESS	7080 NOVA DRIVE #307B	1.3 STREET ADDRESS	7100 Nova Drive
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	Davie, FL
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERTZER, ELLIOTT	2.2 NAME	
STREET ADDRESS	7000 NOVA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERNOFF, FLORENCE	3.2 NAME	
STREET ADDRESS	7060 NOVA DRIVE #307C	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, DAVID	4.2 NAME	
STREET ADDRESS	7100 NOVA DR #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, GARY	5.2 NAME	
STREET ADDRESS	7000 NOVA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date Daytime Phone #

CR2E037 (11/98)